

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DARRYL ORRIN BAKER		COURT CASE NUMBER CA-05-0147 ERIE	
DEFENDANT FCI MCKEAN, MEDICAL DEPARTMENT		TYPE OF PROCESS CIVIL	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	FCI MCKEAN MEDICAL DEPARTMENT		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) FCI MCKEAN P.O. BOX 8000 BRADFORD, PA. 16701		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
DARRYL ORRIN BAKER REG. NO. # 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837		Number of parties to be served in this case	7
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

SCANNED

Signature of Attorney or Originator requesting service on behalf of: <i>Darryl Baker</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/13/2005
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 9/13/05 Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Shirley Kessner</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<i>Joe</i>			<i>Joe</i>		

REMARKS: SIC mailed 9-28-05 9842 8019 7395

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8019 7395

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

FCI MEDICAL DEPARTMENT
 FCI MCKEAN
 P.O. BOX 8000
 BRADFORD, PA. 16701

5-147.0/C.9/28/03.SRB

PS Form 3811, January 2003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

D. [Signature]

B. Date of Delivery

10-3-05

C. Signature

X

☐ Agent
☒ Addressee

 D. Is delivery address different from item 1?
 If YES, enter delivery address below:

☐ Yes
☒ No

ELECTRONIC

Domestic Return Receipt